The Parts We Don't Talk About

By Ervin Kosch

Note: AI was used to brainstorm this document.

Greg Fisk was fifty-one years old and had never liked doctors. This was not a personality flaw, he insisted — it was a principle. His father had lived to eighty-two without so much as a checkup, and his grandfather had died at ninety after a fall from a ladder, not from any ailment that a physician could have prevented. The Fisk men did not go to doctors. They mowed their lawns, they paid their taxes, and they did not discuss what happened in the bathroom.

So when Greg noticed blood in the toilet that September, he did what any sensible Fisk man would do.

He ignored it.

It was probably hemorrhoids, he told himself. He was fifty-one. He sat at a desk all day. Hemorrhoids were practically a job hazard for accountants. He bought cream at the pharmacy — self-checkout, naturally — and applied it with the grim determination of a man fixing a leaky pipe.

The bleeding didn't stop.

His wife, Linda, noticed something was off. She noticed everything, which was simultaneously the best and most irritating thing about her. Twenty-six years of marriage had given her a kind of radar for Greg's silences, and this one was loud.

"You're going to the doctor," she said one evening, not looking up from the cookbook she was reading.

"I'm fine."

"You haven't eaten dinner in three days. You've lost weight. And before you say it's the keto diet, you ate an entire sleeve of Oreos last Tuesday, so I know it's not that."

Greg opened his mouth and then closed it on command.

"Tuesday," Linda repeated, turning a page. "I counted."

He made the appointment the next morning, if only to prove her wrong.

Dr. Roshan was a compact, efficient woman with reading glasses perpetually perched on her nose and the unshakeable calm of someone who had heard every excuse in the book. Greg sat on the exam table, arms crossed, and described his symptoms with the specificity of a man reading a weather report.

"How long?" she asked.

"A few weeks."

"Greg."

He looked at the ceiling. "Maybe three months."

She nodded without surprise. "I'd like to do a colonoscopy."

The word landed between them. Greg had heard it, of course. Everyone had heard it. It was the punchline of a thousand late-night monologues, the procedure every man joked about and no man wanted. He'd seen the memes. The prep. The camera. The—

"Can't we just do a blood test?"

"It wouldn't tell us enough."

Greg shifted. "What are you looking for?"

Dr. Roshan removed her glasses. He would later recognize this as the moment she decided to stop being clinical and start being honest.

"I'm looking for cancer, Greg. And I hope I don't find it. But we need to look."

The prep was exactly as advertised and somehow worse. The liquid was salty and thick and tasted the way cleaning products smell. Greg spent the evening before the procedure locked in the bathroom while Linda sat outside the door, reading aloud from a mystery novel — a small, absurd kindness that made him laugh despite everything, which made his stomach cramp, which made the whole process worse, which made her read louder.

The procedure itself was nothing. He went under, he woke up, he was eating graham crackers in a recliner while a nurse smiled at him and a monitor beeped. Then Dr. Roshan came in, and the way she entered the room — slowly, pulling a chair up beside him — told him everything before she opened her mouth.

"We found a tumor. In the ascending colon. It's large enough that I couldn't pass the scope beyond it."

Greg stared at the graham cracker in his hand. It seemed absurd. A graham cracker and a tumor, existing at the same moment.

"We took biopsies during the procedure. The pathology will confirm, but based on the appearance—"

"Cancer," Greg said.

Dr. Roshan paused. "Most likely, yes."

He put the cracker down. It left a small pile of crumbs on the thin hospital blanket, and he thought about how strange it was to notice crumbs at a moment like this, but the brain is a funny thing, and it protects you in whatever way it can.

The pathology confirmed it. Adenocarcinoma of the colon. Stage III — it had spread to several nearby lymph nodes but not, as far as the scans could tell, to distant organs. The word *told* was used, as if the cancer had been holding a secret and finally confessed.

Greg sat through the consultation with the oncologist — a tall, earnest man named Dr. Chen who drew diagrams on a whiteboard and used words like *resection* and *adjuvant* and *FOLFOX* — and nodded at appropriate intervals while feeling as though he were watching himself from across the room.

Linda held his hand. She had a notepad. She was writing everything down. Greg couldn't write anything down because his hands had started shaking two minutes into the appointment and hadn't stopped.

"The good news," Dr. Chen said, underlining something on the whiteboard, "is that this is treatable. The cure rate for stage III colon cancer with surgery and chemotherapy is significant. This is not — I want to be very clear — this is not a hopeless situation."

Greg heard the word *cure* and latched onto it the way a drowning man latches onto a rope. But he also heard the word *rate*, which implied percentages, which implied that some people fell on the wrong side of the math, and he wondered, with a cold clarity that surprised him, whether he would be one of them.

The surgery came first. A right hemicolectomy — the removal of the ascending colon and the affected lymph nodes, then a reconnection of the remaining intestine. Greg was terrified in a way he had never been terrified before, not when

he'd totaled his car at twenty-three, not when Linda had been in labor with their daughter, not when his father had died. This was a different species of fear: the fear of being opened up and found wanting, of the surgeon's hands inside his body discovering something that couldn't be fixed.

Linda drove him to the hospital at five in the morning. It was dark and cold, and the streets were empty, and Greg looked out the window at the houses they passed — warm-lit, ordinary — and thought about how each one contained people who had no idea that this was the worst morning of his life, and how that was both a comfort and an injustice.

"Hey," Linda said, pulling into the hospital drop-off. She turned to him. Her eyes were red, but her voice was steady. "You're going to be fine. And when you're not fine, I'm going to be fine for both of us until you are again."

He kissed her. It tasted like coffee and chapstick and the terrible, beautiful ordinary.

He woke up in pain. Not the dull, manageable pain he'd expected, but a deep, structural pain, as if his body was trying to solve an equation it couldn't understand. There was a tube in his nose, a catheter, an IV, and a long incision across his abdomen held together by staples that looked like the work of a distracted office worker with a stapler.

The first night was the worst. The pain medication made him nauseous, the nausea made him panic, and the panic made his heart rate spike, which brought nurses running, which made him more panicked. At three in the morning, in the blue hum of the hospital room, Greg Fisk — who had never cried at funerals or weddings or the births of his children — wept with a rawness that frightened him. Not because of the pain. Because of the vulnerability. Because he had always been the one who held things together, and now he was literally held together by staples and stitches, and the margin between himself and disaster was thinner than he had ever imagined.

A night nurse named Patrice came in and didn't say anything inspirational. She adjusted his medication, brought him ice chips, and sat with him for a while in the dark.

"It's okay to be scared," she said quietly. "Scared means you're paying attention."

The days in the hospital were long and unmoored. Greg lost track of time, drifted in and out of sleep. Watched too much daytime television. He learned to walk again — shuffle, really, one hand on the IV pole, the other pressed to his abdomen, pacing the corridor like a man in a station waiting for a train that might not come.

He met other patients on his walks. There was a woman named Dotty who'd had a mastectomy and was recovering two rooms down. She was seventy-three and had a terrible habit of stealing jello cups from the nurses' station. There was a young man, maybe thirty, with a shaved head and a Steelers jersey, who was on his third round of chemo for testicular cancer and who always had a smile that Greg didn't understand but envied.

"How do you do that?" Greg asked him once, as they shuffled past each other.

"Do what?"

"Smile like that."

The young man shrugged. "Some days it's real. Some days it's practice. But either way, my face needs exercise."

Greg went back to his room and thought about that for a long time.

He went home after six days. The house smelled the same — Linda's vanilla candle, the dog, the vague mustiness of the basement he kept promising to clean — but it looked different. Softer, somehow. He stood in the doorway and felt a gratitude so fierce it was almost indistinguishable from grief.

The recovery was slow. Slower than Greg expected, and he had expected slow. He couldn't lift anything heavier than ten pounds. He couldn't drive. He couldn't even sit up from lying down without bracing his midsection and hissing through his teeth. Linda set up the guest room on the first floor and installed a bed rail and made a chart for his medications that was color-coded and laminated, because Linda was the kind of woman who laminated things.

Their daughter, Sophie, came home from college. She was twenty, fierce, and trying very hard not to fall apart. She and Greg watched baseball together in the afternoons and didn't talk about the cancer, which was the best gift she could have given him, because it meant there was still a world in which they were just a father and daughter watching a game.

Two months after surgery, Greg started chemotherapy. FOLFOX — a regimen of three drugs administered through a port that had been surgically implanted in his chest. The port was a small, disc-like lump beneath his skin, and he touched it sometimes, running his fingers over the raised surface, marveling at the strangeness of it — a door built into his body, a literal entry point for poison that was meant to save him.

The chemo room was not what he'd expected. He'd pictured hospital beds, fluorescent lights, the grim seriousness of a war zone. Instead, it was a row of recliners in a sunlit room, with warm blankets and a television and a steady rotation of patients who seemed, improbably, to be in good spirits.

A man named Walt was in the chair beside him on his first day. Walt was sixty-eight, a retired electrician with a salt-and-pepper beard and a well-worn Phillies cap. He was halfway through his own treatment for stage II colon cancer.

"First time?" Walt asked.

"Yeah."

Walt nodded. "Let me guess. You didn't want to come. You thought you could tough it out. You've never been sick a day in your life, and this feels like a personal insult."

Greg stared at him. "How did you—"

"Because every man in this chair has the same story. We're all the same guy. Stubborn. Scared. Too proud to ask for help." Walt leaned back. "The chemo's going to knock you down. The question is whether you're going to let it keep you down."

"What if it does?"

Walt smiled. "Then someone will help you up. That's not weakness, that's the whole point of people."

Chemo was a particular kind of hell that Greg could not have prepared for. The nausea was relentless, muted only by medications that made him foggy and disconnected. The fatigue was oceanic — not sleepiness but a deep, cellular exhaustion, as if his bones were made of lead and his blood was sand. He lost sensation in his fingers and toes — neuropathy, they called it, a tingling numbness that made buttoning a shirt impossible and dropping things inevitable.

And the cold sensitivity. God, the cold sensitivity. The FOLFOX made his throat seize if he drank anything cold. Even touching a cold doorknob sent a shock through his fingers like touching a live wire. In November, the world became a minefield of cold surfaces, and Greg developed a grudge against winter that he would carry for years.

But the worst part — the part no one warned him about, the part that wasn't on any diagram or pamphlet — was the loss of who he was. Greg Fisk had been a man who worked, who provided, who fixed things. He mowed the lawn. He handled the taxes. He changed the oil in Linda's car. He was the one people leaned on.

Now he was the one leaning, and the leaning felt like falling.

There were days he couldn't get out of bed. Days when Linda had to help him shower, and he would stand under the water with his eyes closed, embarrassed by his own body — the port, the scar, the weight he'd lost, the way his ribs showed now like the frame of a house under construction. He felt like a man who had been renovated against his will, and he didn't recognize the blueprint.

Linda never flinched. She washed his back with the same hands that had made dinner, that had graded papers, that had held their daughter when she was small. She did not look at him with pity. She looked at him with the steady, exasperated affection of someone who had been loving him for twenty-six years and was not about to stop now.

"You know," she said one evening, toweling his shoulders, "I didn't sign up for a perfect husband. I signed up for you. All of you. Even the broken parts. *Especially* the broken parts."

"You're ridiculous," he said.

"You're crying."

"That's the chemo."

"Sure it is."

There was a night in December — his third cycle, the lowest point — when Greg sat on the edge of his bed at two in the morning and thought about how easy it would be to stop. To just stop. Not to die, exactly, but to stop fighting, to let the current take him, to close his eyes and drift.

The thought didn't scare him. That’s not being scared that scared him.

He got up. He shuffled to the kitchen, where the light was on. Linda was sitting at the table with a cup of tea and a book she clearly wasn't reading.

"I need to talk to you," he said, "and I need you not to freak out."

Linda closed the book. "Okay."

He sat down across from her. The chair was cold. He pulled a blanket around his shoulders.

"I don't know if I can do this," he said. "Not the treatment. I can do the treatment. The — being this person. The person who needs help. The person who can't mow his own lawn or open his own jars. I don't know who I am if I'm not the one taking care of things."

Linda was quiet for a moment. Then she said, "Do you remember when Sophie was born?"

"What?"

"When Sophie was born. You held her for the first time and you started shaking. And I asked why, and you said you were terrified because you'd never been responsible for something so small and so helpless. And I said, *You don't have to be responsible for her. You just have to love her. She'll do the rest.*"

Greg swallowed.

"You've spent your whole life thinking your job is to carry things," Linda said. "But your job is just to be here. That's all I've ever wanted. Just you. Here."

He didn't say anything for a long time. Neither did she. They sat at the kitchen table at two in the morning while the refrigerator hummed and the house creaked and the ordinary, extraordinary fact of being alive held them both.

Chemotherapy ended in February. Twelve cycles. Four months. A lifetime.

Greg rang the bell in the chemo room — an actual brass bell mounted on the wall, tarnished from use — and the nurses clapped, and Walt, who had finished his own treatment a month before, sent a text that said: *Welcome to the other side. Still sucks, but different.*

The scan came back in March. No evidence of disease.

Dr. Chen said the words, and Greg heard them, but they didn't land the way he thought they would. He had imagined a moment of triumph — arms raised, music swelling, the cinematic resolution of a battle won. Instead, he felt something quieter and more complicated: relief, yes, but also uncertainty, because *no*

evidence of disease was not the same as *cured*, and the word *remission* had a provisional quality to it, like a lease that could be terminated at any time.

He would need follow-up scans every three months, then every six, then annually. He would need blood work. He would need colonoscopies — regular, frequent colonoscopies — for the rest of his life. The cancer had left him with a body that required surveillance, and the surveillance was its own kind of sentence.

But he was here. That was the thing. He was here.

The first months of remission were strange. Greg expected to feel joy, and sometimes he did — a sudden, wild gladness at the taste of a peach or the feel of the sun or the fact that he could open a jar of pickles again. But there was also a grief he hadn't anticipated: for the version of himself that existed before, the one who didn't check every twinge with a pulse of fear, the one who didn't wake up in the middle of the night wondering if the cancer was growing back in the dark.

His oncologist called it scanxiety — the dread that builds before each follow-up scan, the white-knuckled wait for results. Greg found himself unable to sleep the night before scans, unable to eat the morning of, unable to focus on anything while he waited for the phone call that would either release him or pull him back under.

The first scan was clean. The second was clean. The third was clean. Each time, Greg exhaled, and each time, the exhale carried a little more weight, a little more trust. But not all of it. Not ever all of it.

He joined a support group, something the old Greg would never have done. The old Greg would have sooner walked barefoot across hot coals than sit in a circle of strangers and talk about his feelings. But the new Greg — the Greg with the scar across his abdomen and the port scar on his chest and the neuropathy in his fingertips and the fear in his bones — the new Greg understood something the old Greg didn't: that healing is not a solo act.

The group met on Thursday evenings in the basement of a church. There were eight of them — colon cancer survivors, mostly, at various stages of treatment and recovery. A woman named Denise who'd been diagnosed at forty-two and was now five years out. A man named Ray who'd had a temporary colostomy and was still processing the trauma of it. A quiet woman named June who said almost nothing but came every week and always brought cookies.

They talked about the things no one else understood. The bathroom anxiety. The dietary changes. The fear of recurrence. The way people treated you differently after cancer — either with a tiptoeing caution that made you feel like fragile glass or with an aggressive positivity that made you feel like you weren't allowed to still be scared.

"Someone told me I should feel grateful for the experience," Denise said one evening. "Grateful. Like cancer was a yoga retreat."

"I had a guy at work say, '*Everything happens for a reason,*'" Ray said. "I said, '*Yeah? What's the reason?*' He didn't have an answer."

"I think," June said quietly — and everyone turned, because June never spoke — "I think people say those things because they're scared, and they want to believe there's a reason, because if there's a reason, then it can't happen to them."

The room was silent.

"Anyway," June said, pushing the cookie plate toward the center of the table. "I made snickerdoodles."

Two years out, Greg was mowing the lawn. It was a Saturday in May, and the grass was thick from spring rain, and the mower was loud and the sun was warm and his hands were steady on the handle. He went back and forth across the yard in long, even rows, and the smell of cut grass was so good and so ordinary that he stopped for a moment, in the middle of the yard, and stood there with the mower idling and his eyes closed, just breathing.

Linda came out onto the porch. "You okay?"

"I'm mowing the lawn," he said.

"I can see that."

"I'm mowing the lawn, Lin."

She watched him for a moment. Then she smiled — not the careful, measured smile of the past two years, but a real one, wide and unguarded, the kind she used to smile before any of this happened.

"Yeah," she said. "You are."

He thought often about the person he'd been before — the man who wouldn't go to the doctor, who wouldn't talk about what was happening in his body, who

treated vulnerability like a communicable disease. That man had nearly killed him. Not the cancer — the silence. The shame. The stubborn, toxic belief that acknowledging a problem was the same as being defeated by it.

He couldn't change that man. He couldn't go back and tell himself to go to the doctor sooner, to talk about the symptoms, to stop pretending that strength meant pretending nothing was wrong. But he could tell other people.

And so he did.

He started small — a conversation with a neighbor, a post on a community board, a reluctant talk at Sophie's college health fair. He talked about colonoscopies. He talked about symptoms. He talked about the embarrassment that kept him silent and the silence that nearly cost him his life. He was not a natural public speaker. He was not eloquent or inspiring. He was a middle-aged accountant with a scar and a story, and the story was simple:

Don't wait. Don't be ashamed. Don't let the fear of looking foolish keep you from looking closely at yourself.

A man came up to him after one of these talks — a big, ruddy-faced guy in a flannel shirt who looked like he'd rather be anywhere else. He shook Greg's hand hard and said, "I've been putting off a colonoscopy for two years." Pause. "I called my doctor this morning."

Greg nodded. "How are you feeling?"

"Terrified," the man said.

Greg smiled. "That means you're paying attention."

Five years out, Greg's scans were clean. His oncologist used the word *cured* — cautiously, carefully, with all the appropriate caveats — and Greg sat in the office and felt the word settle over him like a blanket.

He didn't cry. Not then. He cried later, alone in the car, in the parking lot, with the engine running and the heat on and the world going about its business outside. He cried for the fear and the pain and the lost time and the people he'd met who hadn't made it — Walt, who'd had a recurrence at eighteen months and passed the following spring, and a woman from his support group named Clara who'd gone in for a routine scan and found out the cancer had spread to her liver.

He cried for them. He cried for himself. He cried because he was alive and because being alive was so much stranger and harder and more beautiful than

he'd ever understood before a tumor the size of a golf ball taught him what his body was capable of — both the betrayal and the recovery.

Then he wiped his eyes, put the car in drive, and went home.

Home was the same house. The same kitchen table where Linda had sat with him at two in the morning. The same bathroom where he'd once found blood in the toilet and looked away. The same yard he'd mowed a thousand times, each pass of the mower both an act of maintenance and an act of faith.

Linda was in the kitchen, making dinner. Sophie was home for the weekend, arguing with her mother about whether garlic was a vegetable or a spice. The dog was asleep on the couch. The evening light came through the window in long, golden slants.

Greg stood in the doorway and watched.

This was the thing about surviving. It wasn't a grand, cinematic revelation. It was this — the ordinary, the daily, the unremarkable miracle of being in a room with the people you love, eating dinner, arguing about garlic, being here.

Being here.

He sat down at the table, and Linda put a plate in front of him, and Sophie said, "Dad, tell Mom that garlic is obviously a spice," and Greg said, "It's neither, it's an allium," and Linda said, "Since when do you know what an allium is?" and Greg said, "Since I spent six months reading every Wikipedia article in existence during chemo," and they laughed, and it was not a movie, and it was not a story, and it was not over.

It was just dinner.

And it was everything.

For the ones who were too embarrassed to speak up — and for the ones who spoke up anyway.